

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			101			51						
2				102			52						
3				103			53						
4				104			54						
5				105			55						
6				106			56						
7				107			57						
8				108			58						
9				109			59						
10				110			60						
11				111			61						
12				112			62						
13				113			63						
14				114			64						
15				115			65						
16				116			66						
17				117			67						
18				118			68						
19				119			69						
20				120			70						
21				121			71						
22				122			72						
23				123			73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45	1						95	1					
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	3					
TOTAL DEP.							TOTAL DEP.	120					
TOTAL CLAIMS							TOTAL CLAIMS	123					